



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER JIM POINTS INSURANCE SERVICE INC 3801 BUCK OWENS BLVD STE 115 BAKERSFIELD CA 93308	CONTACT NAME: PHONE (A/C, No, Ext): 661-324-2847 FAX (A/C, No): 661-324-8327 E-MAIL ADDRESS:
INSURED EXPRESS ALLIANCE COURIER INC 2632 LIME AVE SIGNAL HILL, CA 90755	INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE INDEMNITY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: (b) (4)

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			(b) (4)	8/25/2012	8/25/2013	EACH OCCURRENCE \$ (b) (4) DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			(b) (4)	8/25/2012	8/25/2013	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ (b) (4) BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO			(b) (4)	8/25/2012	8/25/2013	\$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TRUCKMAN FOR HIRE: 2001 INTERNATIONAL TRUCK Veh ID # (b) (4)
1993 WHGM TRACTOR VIN: (b) (4)**CERTIFICATE HOLDER****CANCELLATION**

INFORMATION PURPOSES ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(b) (6)



NEW GSA (page 17 of 19)

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SC



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-03-2013

GROUP:
POLICY NUMBER: (b) (4)
CERTIFICATE ID:
CERTIFICATE EXPIRES: 04-01-2014
04-01-2013/04-01-2014

SC

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

(b) (6)

(b) (6)

Authorized Representative

President and CEO

IF AN EMPLOYEE WHO WAS HIRED OR IS REGULARLY EMPLOYED IN CALIFORNIA RECEIVES PERSONAL INJURY BY ACCIDENT ARISING OUT OF AND IN THE COURSE OF SUCH EMPLOYMENT OUTSIDE OF CALIFORNIA, HE/SHE, OR HIS/HER DEPENDENTS, IN THE CASE OF DEATH, SHALL BE ENTITLED TO COMPENSATION ACCORDING TO THE LAWS OF CALIFORNIA (CALIFORNIA LABOR CODE 3800.5). THE STATE COMPENSATION INSURANCE FUND OF CALIFORNIA DOES NOT PURPORT TO PROVIDE INSURANCE UNDER THE LAWS OF ANY STATE OTHER THAN THE STATE OF CALIFORNIA.

STANDARD POLICY EXCLUSIONS: INDIVIDUAL EMPLOYERS, HUSBAND AND WIFE EMPLOYERS, EMPLOYERS COVERED UNDER CPL INSURANCE AND EMPLOYEES EXCLUDED UNDER CALIFORNIA WORKERS COMPENSATION LAW.

UNLESS INDICATED OTHERWISE BY ENDORSEMENT, COVERAGE UNDER THIS POLICY EXCLUDES THE FOLLOWING: THOSE NAMED IN THE POLICY DECLARATIONS AS AN INDIVIDUAL EMPLOYER OR A HUSBAND AND WIFE EMPLOYER; EMPLOYEES COVERED ON A COMPREHENSIVE PERSONAL LIABILITY INSURANCE POLICY ALSO AFFORDING CALIFORNIA WORKERS' COMPENSATION BENEFITS; EMPLOYEES EXCLUDED UNDER CALIFORNIA WORKERS' COMPENSATION LAW.

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: (b) (4) PER OCCURRENCE.

EMPLOYER

PRECIADO, MARIO DBA: EXPRESS ALLIANCE COURIER
2632 LIME AVE
SIGNAL HILL CA 90755

{SAB,CN}

(REV. 1-2012)

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